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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 09 Custer 0173 Kircher Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 3 1118 No Leidholt, Dawn 3.15 3 1119 No Kuntz, John & Barb 4.00 3 1120 Parsons, Penny Yes 2.00 3 1121 No Olson, Tammy 4.50 3 1122 Fuhrman, Ronda No 8.50 3 1123 Yes Larson, Marian 1.00 3 Yes Swenson, JoElla 1124 2.25 3 1305 Newton, Diane No 1.50 3 1661 Nelson, Paul 9.25 No

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

Second Semester May 24 to State Superintendent

First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0177 Trail Creek Elem 09 Custer Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 13 1143 No Hanvold/Medearus, Cyndra L 9.25 13 1144 No Hanvold/Medearis, Cyndra L 4.25 13 1151 No Erickson, Cassie & Bill 3.50

PI

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 0179 Spring Creek Elem 09 Custer Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 16J 1125 No Balsam, Jaimi 9.25 Beardsley, James 16J 1126 No 9.25 16J 1127 No Brown, Stacey 6.50 1128 Harmon, Shavon 16J No 3.00 1130 Robinson, Scot 16J No 7.00 16J 1155 Yes Johnstone, Ginger 2.13

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
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County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0182 Cottonwood Elem 09 Custer Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 38 1131 No Anderson, Ronald 6.50 Sobczak-Bryan, Susan & Scot 38 1132 No 5.25 38 1133 No Cavill, Charles D 6.00 1154 Griffin, Pam 38 6.00 Yes

PI

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0184 Moon Creek Elem 09 Custer Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 43 1137 No Roberts-Kimball, Kristy 9.25 Osteen, Mike 43 1307 No 5.50

PI

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 09 Custer 0187 Kinsey Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 63 1138 No Haughian, Terry 1.60 3.25 63 1162 Yes Steadman, Neena R

PI

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

First Semester February 15 to State Superintendent

Second Semester May 24 to State Superintendent

February 1 to County Superintendent May 10 to County Superintendent 5: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 09 Custer 0189 S Y Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 83 1139 No Bird, Linda 0.75 83 2157 No Greenfield, Bill & Vadnae 9.25 83 2372 No Donsbach, LaDonna 1.60

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 09 Custer 0190 S H Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 86 1140 No Baker, Duane & Nancy 5.00 Crouch, Carol J 86 1141 No 4.50 86 1142 No Brown, Tschida 5.25



School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES:

First Semester February 1 to County Superintendent February 15 to State Superintendent

Second Semester May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning		, 20 and ending			, 20	
	month	day		month	day	
CERTIFICATION:						

The information on this form is complete and accurate to the best of my knowledge.

Date	e	Signature, Chair, Board of Trustees	
Cou	inty:	District:	District Level:

0192 Custer County H S **High School** 09 Custer

District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1120	Yes	Parsons, Penny	2.00	Transported
1	1123	Yes	Larson, Marian	1.00	
1	1124	Yes	Swenson, JoElla	2.25	
1	1145	No	Anderson, Marjorie	15.25	
1	1147	No	Berry, Corina R	0.85	
1	1148	No	Bidwell, Dan	4.00	
1	1149	No	Bumgardner, Charles	9.25	
1	1150	No	Cunningham, Michelle	7.65	
1	1152	No	Erickson, Cassie & Bill	9.25	
1	1153	No	Fox, Richard	4.60	
1	1154	Yes	Griffin, Pam	9.25	
1	1155	Yes	Johnstone, Ginger	2.12	
1	1156	No	Ketchum, Mary	7.50	
1	1157	No	LaRowe, Rose	0.50	
1	1159	No	Murphy, Pat	1.50	
1	1161	No	Plant, Kristi	7.50	
1	1162	Yes	Steadman, Neena R	3.25	
1	1163	No	Wagner, Sarah	3.00	
1	1164	No	Weimer, Mary	1.75	
1	1165	No	Willson, Preston	9.25	
1	1166	No	Wright, Quinn	6.00	
1	1306	No	Kelstrap, Amy	5.50	

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First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 09 Custer 1232 Twin Buttes Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 82J 1115 No Hirsch, Jennifer 3.00 Pluhar, Dennis 82J 1116 No 6.00 82J 1117 No Singleton, Denise 4.50 Hustin, Linda 82J 1135 No 3.00 Haughian, Michael & Myrna 82J 1136 No 11.00